

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103558

Entity Name: AR-JOY OF TAMPA, INC.

FILED  
Feb 27, 2009  
Secretary of State

## Current Principal Place of Business:

3641 W KENNEDY BLVD  
STE A  
TAMPA, FL 33609 US

## New Principal Place of Business:

## Current Mailing Address:

3641 W KENNEDY BLVD  
STE A  
TAMPA, FL 33609 US

## New Mailing Address:

FEI Number: 59-3563088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNETT, LESLIE J  
BARNETT, BOLT, KIRKWOOD & LONG  
601 BAYSHORE BLVD., STE 700  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEVY, ARIC  
Address: 1200 SHEPPARD AVENUE EAST #106  
City-St-Zip: WILLOWDALE ONTARIO CANADA,

Title: D ( ) Delete  
Name: LEVY, JOY  
Address: 1200 SHEPPARD AVENUE EAST #106  
City-St-Zip: WILLOWDALE ONTARIO CANADA,

Title: D ( ) Delete  
Name: LEVY, CLIFF  
Address: 4938 ST. CROIX DRIVE  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFF LEVY

D

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date